### EXHIBIT D2.

### Exhibit 2 to Stewart Affidavit – Other **Inmates' Grievances**

# Case Sylistery of IMMATE GRIEVANCE FORM

ISTRUCTIONS: Fill in all of the information requested down to the dotted line. In describing e grievance or complaint, give as much information as possible. List the names of any persons volved, the date or dates of any relevant events, the specified location of the events or condings, and the names of witnesses to the events or conditions. When you have finished filling out form, give it back to one of the facility staff members.

ME:TODAY'S DATE:TODAY'S DATE:
IEVANCE: I'm horsing is need sociaus problem with one of expents, on the lastain or Major
organis, con the lastain on Major
ITION WANTED: Stap the Harrasment
N
VED BY SHIFT SUPERVISOR:
11-02-05 SIGNATURE: S. F. Davidon
ceipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of vance should be returned to the Inmate.
TAKEN: Inmate Needs to Make a Specific plaint before any action is taken or investigation is Started.
16 765 SIGNATURE: SIGNATURE:

### INMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In the grievance or complaint, give as much information as possible. List the names of the involved, the date or dates of any relevant events, the specified location of the events tions, and the names of witnesses to the events or conditions. When you have finished the form, give it back to one of the facility staff members.

NAME: TODAY'S DATE: 11-04-05
GRIEVANCE: This Moring Around 7:30 38:00 I Made A request to officer Teague Ist Shift Staff Member. The I Need Tissue, that I Was out, She Said that She Would, but It around 11:01 And I Just got the Tissue After requesting this Grievance form, officer Jackson by It. Officer Teague have been to My door three to Four time, but she would bring the Tissue
SOLUTION WANTED: For Her to really Starte doing Her Job, Not Just to hurst INMAtes, but Also to Help And provide for the WELFARE Or INMATES. Off. Tong is Very, Very Her Negtive toward INMATES And Unprofessional, When it come to Asistaned INMATES And providing the thing Needed, And requested by INMATES
RECEIVED BY SHIFT SUPERVISOR:  DATE: 11-04-05 SIGNATURE: Set. Daniels Common Signature: Set. Daniels Common Signature: Set. Daniels Common Signature: Set. Daniels Common Signature: Set. Set. Set. Set. Set. Set. Set. Set.
Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of the Grievance should be returned to the Inmate.  ACTION TAKEN: Spoke with Co And resolved the fissue problem with a Resupply.
DATE: 11/67/05 SIGNATURE: SIGNATURE:

## CHAMBERS COUNTY DETENTION FACILITY INMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In describing the grievance or complaint, give as much information as possible. List the names of any persons involved, the date or dates of any relevant events, the specified location of the events or conditions, and the names of witnesses to the events or conditions. When you have finished filling out the form, give it back to one of the facility staff members.

NAME:	1	TODAY'S DATE: 11/8/05
GRIEVANCE:	ALL PREQUESTIC	of no Maria mind and about about
All My Mor	sel of une	back when usually you use do lake
MILL DAIR	09 Pd. (15010) 1	close lied me house who
9 charl Laure	eal money!	
-1 XXX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ŠOI LITION WANT	ED. Co. Kd. 1/6	ou call like down there and
SOLUTION WINT	u dal O'Call	il yare half and leade half.
EXPIEW CIN	(), 1(A) ( ) ( ) ( ) ( )	
Inank	you. the	the diese And help
RECEIVED BY SH	IFT SUPERVISOR	?:
DATE:	SIGN	IATURE:
Upon receipt by Shi the Grievance shoul	ft Supervisor, Griev d be returned to the	vance should be signed by the Supervisor and a copy of e Inmate.
ACTION TAKEN:	The commi	hos 100% of the debt amount.
ual Still	u ouse us	3 \$ 185-00
DATE: 11-10	OS SIGN	VATURE: Mitchum

# INMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In deach the grievance or complaint, give as much information as possible. List the names of any principle, the date or dates of any relevant events, the specified location of the events or continuous, and the names of witnesses to the events or conditions. When you have finished filling the form, give it back to one of the facility staff members.

NAME: TODAY'S DATE: 11/9/05
GRIEVANCE: I Charge that, ON 11/8/05 that officer Theordo, de too, While Escorting Me to See the Cpt, While removing Me from J-2 up to booket. She made a statement of Just of the blue, I did know that payday candy bar was so go until, When Was it Roy! last Friday. I hever reply
SOLUTION WANTED: I WANT Very Much for officer Theordo to Stop Harrassan ME, Not only about that candy bar, because I didn't put it there, And She did Not do A report on I She keep tellin everybody, how she enjoy Eat It.  But If she keep Apporching Me in this unprofessional type Minder, I Will take further Action.
RECEIVED BY SHIFT SUPERVISOR:
DATE: SIGNATURE:
Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of the Grievance should be returned to the Inmate.  ACTION TAKEN:     Am Mod bundersbanding What you are from transfer of the Canaly Clark Upon The Stoppersty Upon Signatures. Ohe Canaly Clark Upon The Stop. Decider and the Stop. Of Signature:    DATE: 9 NN 05   SIGNATURE:   St. Pluersty   St

## INMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In description the grievance or complaint, give as much information as possible. List the names of any provint involved, the date or dates of any relevant events, the specified location of the events or contions, and the names of witnesses to the events or conditions. When you have finished fillings the form, give it back to one of the facility staff members.

NAME: TODAY'S DATE: 11/9 105
GRIEVANCE: I Hereby Charge, that Nov. 8/05, Around 3:30 \$ 4:00, Sqt. Rowe
Approcah Me, in A Cruel/Unprofessional Minder, Sot.
Who WAS dressed in Stress Cloths, reply to Me, WAS Slow-pole, 1
Need A Shower, that With help you A lot. Which WAS iNDAMPASION
ME, there others Staff Who WAS ON due, Broker The March 1984
IN gettin A shower When She, WAS on due, Working, she Wait She off, & I didn't desent that! And she was Totally out of Consolution Wanted: I like for sqt. Rowe,
SOLUTION WANTED: I like for 5qt, Rowe, to for q
About the inccident Wherin I Worte Her up, Which WAS Co
taining to something of this same Nature, but that time?
Wrote Her up, be It was Her Shift, inchange of giving Showe
And she pass me up for about four or Five Nights in A row.
50 All AM ASKING is for Her to let go And Move ON. before others
RECEIVED BY SHIFT SUPERVISOR:
CICNIATIDE.
DATE: SIGNATURE:
Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of the Grievance should be returned to the Inmate.
ACTION TAKEN: If SET Rowe is unoide of the facility. The is at work and if you need a phoner it is her you to the ensure that you take one daily. you
mied to shower daily while housed at this facility
DATE: 9MV 15 SIGNATURE: 57. BUCSEL

A Case 3.05-80-01963-WKM SRW

Document 32-14

Filed 03/28/2008 Page 7 of 16
DATE RECEIVED: \_\_\_\_\_
TIME RECEIVED BY: \_\_\_\_\_

02161NAL

#### CHAMBERS COUNTY DETENTION FACILITY

#### INMATE REQUEST FORM

	, /
TANE	CELL#DATE
BRIEFLY OUTLINE YOUR REQUE	ST DATE 17 1
	se talk with me
at some Some Person	L CONVENCE
My Jos was	mulder 8 dags Ago,
	e under the Circumstan
	west court Docket.
my little gini a	
Towid stall live	e hear and fulfill
my Phomise a Tweed to do	me Tab At which
Tam are of +	he Rest, my childles.
Neel me to get !	he Best my childrend 3 ACK to WORK 30 I CAN
FUITH my pokporse	· Tay fee
FULPOSE	(INMATE SIGNATURE)
DO NOT WRITE BELOW THIS LI	NE - FOR REPLY ONLY
11/22/2005 heavest A	n afformen to discuss
a plea Offer And	I we will see what the
	a Correction Officer
	. ,
au attorney And a	reliminary hearing.
	(OFFICERS SIGNATURE)
	DATE 11/27/05
	DAIE 1/22/05
ADDROVED VES N	JO .

NAME:

## CHAMBERS COUNTY DETENTION FACILITY INMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In describing the grievance or complaint, give as much information as possible. List the names of any persons involved, the date or dates of any relevant events, the specified location of the events or conditions, and the names of witnesses to the events or conditions. When you have finished filling out the form, give it back to one of the facility staff members.

TODAY'S DATE

Command, however I don't know were
the Buck starts let alone stops, possible To phesere The purpose,
I went to stort to work As soon as possible
to pheser The purposes
SOLUTION WANTED: To talk with some one within
the chain of command who can malle
a positive and degicture Decision,
in the Just Cause of Faravess, weather
goo side with me or against me, At load
meet with me or accent me, At least
$\cdot$
RECEIVED BY SHIFT SUPERVISOR:
DATE: 1/17/05 SIGNATURE: Town the
Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of
the Grievance should be returned to the Inmate.
ACTION TAKEN: 11/18/2005 - Inmate has Not requested  Anything but release, which was devied. Inmate  has a bond and needs to make BOND to be  Released. This issue will not be addressed again.
Anything but release which was devied. Inmate
has a bond and needs to MAKE BOND to be
Released. This issue will not be addressed again.
DATE: 11/18/2005. SIGNATURE: 9
MAJOR Clay Stewart DI

Case 3:05-cv-01163, WKW-SRW Document 32-14 Filed 07/2 7-21-06 (47-15-06) Mr. Stowart, from (6:30 AM) that morning I wrote request that my situation was a "urgent matter" after telling and other inmates demanding someone to come see about me. you can go to C-Block every half il would say well verify what went on about egt. Hancock how long it took and how it was treated, I never got my medication that morning not until finally (nurse Dmith gave me something immediately around after 4:00 PM that evening that's how long it took for Soft. Hancock to get me to nurse. and then, I was transferred to Hospital for more medication. need the grewance that it wrote you on this maller, Thank you Nurse Bolt, Never SAW me that day! also I had written two other request ON 7-15-06 about needing emergency help (NOW) one about 10:00 Am after aid wide one earlier about this was a "corgent matter" of hove copy of only one! Horas T-3

7 - 2 (2) se 3/95-qv-01163 WKW-SRW Document 32-14 Filed 07/28/2008 Page 10 of 16

H-Black would like to request that Virginia Love stays in I-Black She is a problem to the black. This black is a 100% bettern since she is not in the black. Please let her stay in I-Black.

12/26/07 1/11/09 Pile

## C.M. WILDERAVIS

Chief Deputy

(334) 864-4333 (706) 586-8414 (334) 864-4309 FAX SHERIFF'S OFFICE





## SID LOCKHART

Sheriff, Chambers County

November 9, 2007

Unampers County Detention Facility Lafayette, Alabama 36862

This letter is in response to a letter written to Sheriff Sid Lockhart dated 10-29-2007 concerning your cell assignment at the Chambers County Detention Facility. As the Administrator of this facility I have the authority to assign inmates to housing as deemed necessary. At the time of your cell assignment I determined that I-Block was the best suited housing option. Inmates at this facility will not determine their housing assignments. You will remain assigned to I – Block until further notice.

I – Block is under constant video surveillance therefore your safety can be monitored twenty-four hours a day. Please feel free to send me any specific information concerning reasons why you feel you are in danger at this facility. Your letter did not address any specific reasons you feel you are in danger.

Threats of lawsuits will not be addressed by me or any members of the Chambers County Detention Facility. Please forward any correspondence concerning any threats of legal action to Webb & Eley in Montgomery, Alabama.

The staff will continue to serve you meals as scheduled and I encourage you to eat to maintain your health. Not eating will jeopardize your over all health and can cause various health related issues. We will monitor your meal intake and take whatever action is necessary to ensure your health and well-being.

I encourage you to follow the rules and regulations of this institution. Our policies ensure the care, custody, and control of all inmates at this facility.

Major Clay Stewart

Detention Administrator

(334) 864-4334

(706) 586-8403

(334) 864-4307 FAX DETENTION FACILIT

Case 3:05-cv-01163-WKW-SRW Sheriff Sid Lockhart, Dear Sir, Hope this finds you doing fine! I want go into much details about the serious issue's that's going on with me at this facility. on 7-15-06, et took 92 rine hours or so to get someone as Light. Hancock to see about my "urgent" High Blood pressure trouble I had. only then to be humilated by him in front of serval witness's . Etc Etc. Major Stewart and Captain Sims can que you the serious grievancés détails in my complaints. Sat Hancock said "quite your crying you lettle butch ain't nothing wrong with you. Well, to his surprise after complaining and ruritling request 5 th wise Smith wheeked it Tong story short, I was immediately taken To Longdale emergency moon De Quins request Et.) Never been treated this worst by any Jow or prison. Mr. Did, I could've died The grievance is not personal just want to make sure this doesn't ever happen again It could be my son el save or yours! P.S. Skip McCay should have got word of this thinks this is serious too!

### MELETICS COUNTY DE FEMERONATION DE LE Case 3:05-cv-01163-WKW-SRW Decument TWMATE GRIEVANCE FORM

INSTRUCTIONS: Fill in all of the information requested down to the dotted lin the grievance or complaint, give as much information as possible. List the names involved, the date or dates of any relevant events, the specified location of the e tions, and the names of witnesses to the events or conditions. When you have finn the form, give it back to one of the facility staff members.

NAME:	- John McMoers.
GRIEVANCE:	HONE IN H-BLOCK NOT WE
	i i
SOLUTION WAY	// ^
replace	D: HAVE Technition fix telephine
RECEIVED BY SHIFT	SUPERVISOR:
DATE: 7-4-06	SIGNATURE:
the Grievance should be re	ervisor, Grievance should be signed by the Supervisor and a construction of the Immate.
ACTION TAKEN: <u>keg</u>	nisted. Company MA
DATE: 07/10/2006	SIGNATURE:
	0

# A LOUIS A SECTION OF THE PROPERTY OF THE PARTY OF THE PAR

The full line all of the information requested down to the dotted line. In describing the prievance or complaint, give as much information as possible. List the names of any persons involved, the date or dates of any relevant events, the specified location of the events or conditions, and the names of witnesses to the events or conditions. When you have finished filling out the form, give it back to one of the facility staff members.

NAME:	_TODAY'S DATE: 6 27 2006
Out mu	apt. or Major, I need to get ation from my property to close. checking account B4 I end up ne insufficient funds on some lafts against my account.
SOLUTION WANTE	D: A wow me to set needed info is property to have this account
RECEIVED BY SHIF	Γ SUPERVISOR:
DATE:	SIGNATURE:
Upon receipt by Shift State the Grievance should be	Supervisor, Grievance should be signed by the Supervisor and a copy of e returned to the Inmate.
ACTION TAKEN: C	
DATE: 06/78/06	SIGNATURE:

### Case 3:05-cv-01-63-WKW sails - Date to 16

INSTRUCTIONS: Fill in all of the information requested down to the clotted life. In general the grievance or complaint, give as much information as possible. List the names of any percoinvolved, the date or dates of any relevant events, the specified location of the events or conditions, and the names of witnesses to the events or conditions. When you have finished filling o the form, give it back to one of the facility staff members.

ground of the facility staff members.
TODAY'S DATE: June 9, 2006  AND  GRIEVANCE: Female inmotes are not being take for yard call as per section 21.1 of CCD  RULES & REGULATIONS. We under stand that adequate staff may not allow for a days a week, but I or 0 times a week Isn't enough.
solution wanted: Allow male guards, if necresary, to watch female inmates a yard call. If the are female inmates who can't conduct them selves in a proper manner, let them go with out yard a those of us who can conduct themselves like ladies will not have to suffer received by shift supervisor. Only once last week. The must be a medium we can come to on this Please Give it some thought.  Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of the Grievance should be returned to the Inmate.  ACTION TAKEN: Yh all were taken but on Tung 206, and Our 12, 2006.
DATE: 12 Line 2006 SIGNATURE: MECRY